

## A Binational Crisis: Adolescent Pregnancy in Mexico and the United States

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Adolescent pregnancy continues to be a significant public health problem that negatively affects adolescent health both in Mexico and the United States, especially in rural areas. In spite of an overall declining adolescent birthrate in the United States, Hispanic adolescent girls are more than twice as likely to become pregnant than their white non-Hispanic counterparts [1]. In Mexico, between 2003 and 2012 there were 5.76 million births to girls under 19 years of age [2]. In 2012, births to teen mothers represented 18.7% of total births in Mexico. On average, each year Mexican teen mothers give birth to 448,000 children. In the United States, over 615,000 teens between 15 and 19 become pregnant each year with 42 per 1,000 births to Hispanic adolescent mothers [3]. Nearly 85% of teen pregnancies are unplanned [4]. Binational outcomes that these teenage mothers share include low academic achievement with limited educational resources, inaccessible health care, a lack of contraceptive services and knowledge of reproductive health that lead to a common vulnerability for early pregnancy.

Teenaged pregnancy presents several public policy challenges. First, single parenthood perpetuates poverty and inequality. Currently in Mexico, a single mother holds one in four homes [5]. Additionally, in the United States, a single mother heads 9.6 million homes nationally [6].

Second, inconsistent or a total lack of prenatal health care negatively impact the well-being of both adolescent mother and her child. Adolescent girls who become pregnant do not have the resources to access full pre-natal care, thus placing both mother and child at health risks. It is estimated that in the United States, 7.2% of teen mothers receive no prenatal care. In Mexico in 2013, 25.6% of teen mothers did not receive prenatal care during their first trimester [7]. Because the body of a teen is still growing, mothers need to be closely monitored to assure the health of both

the mother and child.

Lastly, teens that become pregnant are more likely to drop out of school. Thirty percent of all teenage girls who drop out of school cite pregnancy and parenthood as key reasons for being unable to continue their education. Educational achievement affects the lifetime income of teen mothers. Sixty percent of families started by teens are poor, and nearly one in four adolescent mothers in the U.S. will depend on welfare within three years of a child's birth. Many children will not escape this cycle of poverty. Only about two-thirds of children born to teen mothers earn a high school diploma, compared to 81% of their peers with older parents. Forty percent of adolescent mothers finish high school with less than 2 percent graduating from college by age 30. It is also known that children of teen mothers perform worse on many measures of school readiness. They are also likelier to repeat a grade and to drop out of high school. Children of teen mothers also have more health problems, are more likely to be incarcerated at some time during their own adolescence, give birth as a teenager, and face unemployment as a young adult [8].

For Mexican origin adolescents in the U.S. and Mexico, the common root problem of adolescent pregnancy has often been the poverty associated with a lack of resources, low formal education, and the absence of contraception and access to knowledge. Families have also been reluctant to talk about sex and the impact of migration on the family. These common factors have increased the risk of teen pregnancy on both sides of the border. These factors including a culture of pregnancy are especially present in rural areas of both the home and host countries.

Teenage pregnancy is an issue that crosses the border. The interest to address this common problem is the effect teen pregnancy is the culture of pregnancy. The culture of pregnancy refers to the views,

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beliefs, pressures, educational and mental health implications of youth becoming mothers. Most students acknowledge that they did not learn about sexual health through their families, instead, it was introduced to them briefly in school or acquired through personal experience. The lack of discussion surrounding pregnancy, birth control, and family planning within Latino communities is a prominent issue.

While the CDC in the U. S. may have a five pronged approach to prevention of adolescent pregnancy, these approaches are frequently out of step culturally for Mexican origin communities especially in rural areas. There is a need for cultural adaptation, community partnerships with parents that provide them with the tools and education to communicate with their adolescents. Adolescents need to learn basic reproductive health before it is needed and may be too late.

As a binational concern for the U.S. and Mexico, adolescent pregnancy impacts three generations: 1) the parents of the pregnant adolescent, 2) the adolescent mother, 3) the child who is the outcome of the pregnancy. A critical need exists for access to reproductive health in rural areas that not only includes understanding prevention but also a lifespan perspective of women's health and its implication for infant health. Ignoring a woman's right to reproductive health establishes negative consequences that will lead to poverty, health disparities, and loss of the future potential of three generations in rural Mexico and the United States.

Teen pregnancy is an issue we cannot afford to shy away from. While the U.S. has a multipronged approach that includes Federal and State funding with community partnerships and cultural adaptation of programs. We have yet to address this issue at a binational level that migration with collaboration between the host and home country to promote the health of the next generation in both countries. Binational partnerships are needed to explore effective methods of promoting women's health that not only includes the reproductive period in a woman's life and pregnancy prevention both in the United States and in Mexico, but the health of the mother and women over her lifespan. A lifespan perspective of women's health that begins during childhood on both sides of the border. It can become an innovative route to providing the knowledge and tools needed for family health.

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